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ABSTRACT

This document outlines the ideas of the Illinois Department of Aging on the implementation and management of the Elder Abuse and Neglect Intervention Program. These topics are addressed in order to provide a basis for discussion of key elements of the proposed program and serve as a guide in the development of rules, policies, and procedures for the operation and administration of the program: (1) proposed legislation (definition of terms, history of legislation, appropriation request); (2) number of alleged abuse and neglect reports (incidence rate, projections); (3) services available to victims of abuse (assessment, case work, follow-up, supplemental services, and public education); (4) administrative structure (Department of Aging, Regional Administrative Agencies, and provider agencies); (5) cost of providing services to elder abuse victims (cost estimate for statewide program); and (6) summary of statewide elder abuse programming (current operations and proposed statewide program). (ABL)

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The Illinois Department on Aging

ELDER ABUSE & NEGLECT:

The Illinois Response

October, 1987

CG 020526

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I. BACKGROUND

The Illinois Department on Aging administered demonstration projects in four areas of the State in accordance with the Elder Abuse Demonstration Program Act for a three year period. The Act, which was signed into law by Governor Thompson in August, 1984, directed the Department to determine the most appropriate response to assisting older persons in this State who are being abused.

Through a competitive application process, the Department selected four Area Agencies on Aging to develop and operate demonstration projects in a portion of their planning and service areas. Three intervention strategies were tested: Child Abuse - Mandatory Reporting Model (PSA 11); Legal Intervention Model (PSA 13); and Advocacy Model (PSA 01 and 02). The Legal Intervention and Advocacy Models utilize a voluntary reporting system for receiving reports of suspected abuse and neglect. The three models differ primarily in the degree of intrusion in the client's lives and the emphasis and mix of services provided. The Child Abuse - Mandatory Reporting Model is generally perceived to be the most intrusive intervention with the Advocacy Model perceived as the least by acting on the client's request and emphasizing a broad range of family, community-based, and legal services.

Services under the Elder Abuse Demonstration Program Act began in March, 1985. Over 640 reports of abuse and neglect have been received by the four demonstration sites during the project period. The findings of the demonstration program have been both surprising and dismaying. 78% of all cases reported were substantiated, meaning some type of abuse had, in fact, occurred. The abused older person was usually female, 77 years old, and widowed. About two-thirds of the older persons had a chronic health condition, and one-fourth of the clients seen were reported as being disoriented. Many suffered some form of functional impairment. While ten (10) percent of these older persons lived alone; the majority - 90% - of these clients lived in their own homes with others or in the home of a relative. For a more complete discussion on the findings, refer to the Elder Abuse Demonstration Program's 3rd Year Interim Report published on April 1, 1987 by the Department on Aging for the Illinois General Assembly. A final report on the demonstration program is due to the legislature by December 31, 1987.

The Elder Abuse Demonstration Program Act was discontinued on June 30, 1987; therefore, as a result of the findings, the Department has proposed to establish a statewide Elder Abuse and Neglect Intervention Program. The statewide program would be based on the Advocacy - Voluntary Reporting model that was tested in two of the four demonstration programs. This intervention model recognizes that the victim of elder abuse and neglect is an adult in a vulnerable position and assists the older person by **intervening** on their behalf for the purpose of serving as an **advocate** in guaranteeing protection of the their rights and obtaining needed

services. The Elder Abuse and Neglect Intervention Program will enhance our **access** system to be responsive to victims of abuse and neglect. The program has been designed to take advantage of the existing family supports, legal mechanisms and community services, such as those available under the Older Americans Act, Community Care Program, and other publicly/privately funded services, to assist the older person. In fact, only a small portion of funds are set aside for short-term and/or emergency services (supplemental services funds). An important feature of this model is the existence of a case manager who will inform the victim of alternative services and will assist in carrying out an agreed-upon plan of care.

The purpose of this discussion paper is to broadly outline the ideas of the Department for the implementation and management of the statewide program. The contents of this paper will provide a basis for discussion of key elements of the proposed program and serve as a guide in the development of rules, policies, and procedures for the operation and administration of the program. The following topics will be addressed:

1. Proposed Legislation
2. Number of Alleged Abuse and Neglect Reports
3. Services Available to Victims of Abuse
4. Administrative Structure
5. Cost for Providing Services to Victims

II. PROPOSED LEGISLATION

During the FY 1987 spring legislative session, legislation was introduced to create the **Elder Abuse and Neglect Act.** Senator John A. Davidson (R - Springfield) was the primary sponsor of S.B. 1226 in the Senate and Representative Karen Hasara (R - Springfield) was the primary sponsor in the House. The **Elder Abuse and Neglect Act** would have enabled the Department on Aging to implement a statewide elder abuse and neglect intervention program during FY 1988, to assist abused elderly in the most effective, but least intrusive, way by assuring the client's rights are honored through a voluntary reporting system. A draft copy of this legislation was shared with the Area Agencies on Aging, members of the Elder Abuse Demonstration Program Management Team, Illinois Coalition Against Domestic Violence, Illinois Medical Society, Attorney General's Office, State Departments, and other organizations interested in this issue. Modifications were made to the draft based on the written comments received. S.B. 1226 provides the framework in which a program can be administered to the benefit of older persons. The legislation included the following components:

- **"Abuse"** means causing any physical, mental or sexual injury to an eligible adult, including exploitation of such adult's financial resources.

- **"Neglect"** means failure by another individual to provide an elderly person with the necessities of life including, but not limited to, food, clothing, shelter, or medical care. Self-neglect would not be included as a part of this definition.

- **"Eligible Adult"** means a person sixty (60) years of age or older living in a domestic living situation who is abused or neglected by another individual.

- **"Domestic Living Situation"** means a residence where the eligible adult lives but does not include a licensed facility as defined in Section 1-113 of the Nursing Home Care Reform Act of 1979.

- Reports of abuse or neglect may voluntarily be made by any person wishing to report a case of alleged or suspected abuse or neglect to an agency designated to receive such reports. This Act provides for a **voluntary** reporting system.

- The Department on Aging shall establish, design and manage the program. The Department shall contract or fund regional administrative agencies for the provision of services. Area Agencies on Aging shall have first right of refusal to be designated as a regional administrative agency.

- Each regional administrative agency shall designate provider agencies to receive reports of abuse or neglect, conduct face-to-face assessments, determine if the case is substantiated, refer cases to necessary support services, and provide case work. Follow-up shall be conducted on at least a quarterly basis for not more than one year.

- Persons, institutions, or agencies making a report or assessment in good faith or taking photographs or x-rays, shall be immune from any civil or criminal liability.

- Records of elder abuse and neglect shall remain confidential.

- If an eligible adult withdraws his consent or refuses to accept recommended services, the services shall not be provided. If it reasonably appears that the eligible adult lacks the capacity to consent to necessary services, the Department or other agency may seek the appointment of a temporary guardian.

An additional component included in the legislation would have allowed the Department to implement the program throughout Fiscal Year 1988 in specific parts of the State with full implementation of the statewide program completed by September 30, 1988.

The S.B. 1226 was passed by both houses of the General Assembly unanamously. However, the appropriation request of $1.2 million for FY 1988 to implement the program in accordance with the Act was

not appropriated to the Department. Therefore, on September 11, 1987, Governor Thompson vetoed the legislation. This action was made necessary due to the fact that the Act, if signed, would have mandated a statewide program without revenues being made available to carry out the responsibilities and services outlined in the Act. The Department on Aging and the sponsors of the S.B. 1226 are interested in seeing that the legislation is re-introduced in the Spring, 1988 legislative session for implementation during FY 1989.

III. NUMBER OF ALLEGED ABUSE AND NEGLECT REPORTS

One primary aspect of the Elder Abuse Demonstration Program Act was to require the Department to collect information on the incidence of elder abuse reported in the four project areas. The Department has analyzed, on an ongoing basis, the number of elder abuse and neglect reports received by the demonstration sites and applied these numbers to the 60+ population within their service areas to arrive at an "incidence rate". An incidence rate is defined as the number of reports per thousand older persons received during a twelve month period. The projections developed by the Department for the number of anticipated elder abuse and neglect reports for State FY 1989 were derived from the demonstration project data. In addition, the Department took into consideration the following: 1) the statewide program would have a voluntary reporting system; 2) the statewide program would not include self-neglect as a part of the elder abuse definition.

To arrive at the FY 1989 projection, the Department found it necessary to apply two (2) different incidence rates to the State's elderly population. First, the incidence rate in the demonstration areas are anticipated to be higher than the remainder of the State because these areas will be in their fourth full year of operating an elder abuse program and have experienced growth in the program each year of operation. The incidence rate during the Demonstration Programs's first year of operation (1.28 per thousand older persons) has been applied to the the remainder of the State's elderly population to derive the anticipated number of reports to be received in the areas of the State which have not been operating demonstration programs. It is assumed that the non-demonstration areas will experience a similar incidence rate during the first year of the statewide program. The chart below illustrates the application of the incidence rates to arrive at the State FY 1989 projection of 2,589 reports of elder abuse and neglect.

FY 1989 Elder Abuse Reports ANNUALIZED 7/1/88 - 6/30/89	1985 60+ Population	Incidence Rate	Projected Reports
Within Demo Areas	150,514	2.33	351
Remainder of State	1,748,586	1.28	2,238
TOTAL	1,899,100	1.36	2,589

Determining the number of reports to be received in the State and within each PSA will be difficult to estimate with a high degree of accuracy. Several years of experience with a statewide program will be needed before trends are established allowing for more accurate projections.

IV. SERVICES AVAILABLE TO VICTIMS OF ABUSE

Over the past ten years, the Department on Aging (DoA) and Area Agencies on Aging (AAAs) have been successful in developing an array of services to meet the needs of older persons in Illinois. At this time, we must be prepared to build on this existing system to make it more responsive to the needs of elder abuse and neglect victims. The following services have been identified through the experience with the Elder Abuse Demonstration Program as necessary **enhancements** to our current service system in order to adequately respond to this client group.

Assessment

A systematic, standardized format to receive and respond to reports of abuse and neglect for the purpose of determining whether abuse has occurred, the intentionality of the abuse, the competency of the alleged victim, and to determine service needs. An assessment will be conducted on all reports of alleged elder abuse and neglect. The elder abuse assessment process is not intended to duplicate existing processes, but to address the particular issues surrounding abuse and/or neglect situations.

Case Work

Intensive case work activities on substantiated cases of abuse or neglect is necessary. Case work would include the development and implementation of the care plan and initial case work to stabilize the abuse situation following the completion of the assessment. The anticipated duration of case work is approximately three months following the assessment process.

Follow-Up

Because abuse and neglect has been found to be a recurring problem even after intervention takes place, a systematic method of follow-up on substantiated cases of abuse and neglect is essential to this program. It would appear that follow-up can be cost effective because the clients who experience recurring abuse would not have to re-enter the system at the assessment point. Client data would already be available and the need for further assessment would be minimal. Follow-up may be effective in preventing further abuse if the abuser is aware that the victim is continuously being monitored. Finally, follow-up can detect recurring signs of abuse or neglect before the situation becomes life threatening. A face-to-face follow-up is to occur on at least a quarterly basis for one year following intervention. If abuse or neglect has not

reoccurred, at the end of one year the case would be discontinued or, if continued monitoring of in-home services is necessary, the monitoring should be continued through Title III/CCP Case Management.

Supplemental Services

While an array of medical, housing, and personal services are usually available in the community, often victims of elder abuse face unique barriers which prevent access to available resources. Abuse victims may have difficulty accessing services because they lack personal resources or because they have lost the ability to tap those resources which they have. Compounding this situation are gaps in publicly supported services or application and processing delays that threaten the health and safety of clients until more durable and lasting solutions can be put in place (AAA 02, Meyers). Although the number of elder abuse and neglect cases in the demonstration projects utilizing supplemental services has been relatively small in number, the need does exist and the service system designed to assist elder abuse and neglect victims should have available at the local level the flexibility to purchase specific services on a short term and emergency basis to meet these needs.

As a result, the following supplemental services have been recommended by the Supplemental Services Committee of the Elder Abuse Demonstration Program Management Team to be made available to older persons meeting established eligibility criteria through the statewide program:

* Emergency Aid
* Respite Care
* Legal Intervention
* Housing

Emergency Aid falling under the categories listed below -

- Material aid to the older person in the form of food and clothing;
- Medical expenses for medicine, medical evaluations, hospital expenses;
- Mental health crisis intervention and psychiatric evaluation;
- Transportation including ambulance services;
- Environmental aid for minor household repairs and utility shut-offs.

Respite Care - In-home or out-of-home care to include temporary nursing home placement and adult day care. Respite care can be purchased through the supplemental service funds if there is a temporary loss of the caregiver or there is a need to separate the caregiver and the abused older person.

The need for respite care must be associated with the alleged/substantiated abuse and not; therefore, made available through these funds for the sole purpose of socialization.

Legal Assistance will include those services not necessarily initiated by the client but those initiated for them. Allowable legal assistance costs are:

- Court costs (i.e. filing fees);
- Guardianship proceedings;
- Preparation of Orders of Protection;
- Recovery/Restitution of damages;
- Witness fees.

Housing and relocation services. The use of supplemental service funds is allowable for emergency housing if a domestic violence shelter does not exist within the service area and/or the shelter is not equipped to serve the older person.

It is the intent that these supplemental services will be available as a "last resort" to suspected and substantiated victims who are in immediate, life threatening situations and are in situations where community resouces cannot be mobilized in a timely manner, or the client's resources are insufficient or unavailable to purchase needed services. $500 per case will be available to the designated provider agencies for the purposes described above. For those cases where more than $500 is needed, a waiver could be granted with prior approval of the regional administrativie agency.

Public Education

Although not directly provided to the older person, public education is a key and necessary component to the Elder Abuse and Neglect Intervention Program. There is a general lack of knowledge and understanding by professional groups and the general public of the risk symptoms of abuse, affecting their ability to clearly identify abuse situations, and the lack of knowlege of the services available to assist families involved in elder abuse and neglect. The Department believes that a voluntary reporting model with a public education and awareness component directed to the general public and to professionals most likely to come into contact with abuse situations, coupled with training of those professionals on how to identify and report cases, will be at least as effective as mandatory reporting.

V. ADMINISTRATIVE STRUCTURE

The Elder Abuse and Neglect Act, S.B. 1226, outlines the administrative structure for a statewide program as being the Department on Aging, a Regional Administrative Agency for each planning and service area, and provider agencies.

The **Illinois Department on Aging** will assume overall responsibility for designing, implementing, and administering the Elder Abuse and Neglect Intervention Program. This responsibility will include the following activities:

- Designate a Regional Administrative Agency (RAA) within each Planning and Service Area, providing the Area Agency on Aging first right of refusal prior to designating another organization;

- Develop statewide standards, policies, procedures, and forms for program operation and provide technical assistance to and interpret for RAA staff the policies and procedures.

- Develop training and public education materials;

- Train and certify provider staff performing elder abuse and neglect intervention and RAA staff;

- Coordinate at the state level with other public and private organizations interested and involved in the provision of services to abused and neglected older persons.

- Assure that the services provided to victims of abuse and neglect are of the highest quality.

The **Regional Administrative Agency**, designated by the Department, will be responsible for specific administrative and systems development activities occurring within the thirteen planning and service areas. The Regional Administrative Agency will work with the Department in coordinating elder abuse activities at the regional level of the State and assisting the Department in developing and administering services under the Elder Abuse and Neglect Act. The responsibilities of the Regional Administrative Agency will include:

- Designate agencies within the planning and service area, in accordance with Department on Aging guidelines, who will be responsible for receiving reports of abuse and neglect, provide assessment, case work, and follow-up services;

- Conduct a quarterly review of each elder abuse and neglect case receiving supplemental services to assure that all criteria and guidelines have been met;

- Provide technical assistance to the designated provider agencies on established standards, policies and procedures, and service delivery issues;

- Coordinate with existing agencies interested and involved in the provision of protective services to older persons, to include maintaining a committee of these agencies, for the purpose of coordinating service delivery, identifying

service gaps, and working to enhance the service system for this client group within the planning and service area;

The Department on Aging is committed to enhancing our current service delivery system to assist older persons who are victims of abuse and neglect. As a statewide program, there will, and should, be a level of standardization required to guarantee equal availability and quality of services across the State. The Department recognizes that each Area Agency may not share the same level of commitment to the program and/or acceptance of program standardization. Therefore, although the Department on Aging firmly believes that the activities and responsibilities of the Regional Administrative Agency outlined above is that of an Area Agency on Aging, each Area Agency will be given the opportunity to determine whether they wish to participate in the implementation and administration of the Elder Abuse and Neglect Intervention Program. If an Area Agency decides not to be the RAA, the Department on Aging will select another agency to serve as the Regional Administrative Agency, after consulting with the Area Agency on Aging.

Provider Agencies will be selected by the Regional Administration Agency to provide direct services to alleged and substantiated elder abuse and neglect victims and their families. The responsibilities of a provider agency will include:

- Receive reports of alleged abuse/neglect;
- Provide face-to-face assessments on reported cases to determine if the abuse and/or neglect actually occurred, whether the abuse and/or neglect was intentional, and the needs of the older person within the context of the abusive environment;
- Develop a recommended plan of care based on service needs;
- Discuss the plan of care with the older person and implement those services available (legal, medical, and social services) which have been agreed to by the older person;
- Purchase supplemental services, as needed, in accordance with guidelines;
- Provide face-to-face follow-up on at least a quarterly basis for one year.

The responsibilities of the provider agency are not intended to circumvent the decision-making responsibility of the abused older person. The provider agency staff will be responsible for providing the information, emotional support and encouragement that will facilitate the older person's own decision-making process.

The Regional Administrative Agency shall have the responsibility of designating provider agencies within their respective planning and

service areas. In selecting provider agencies, the designated Case Coordination Units are the preferred agencies to perform the activities outlined above. Selection of CCUs is consistent with the Department's intent to establish a single, identifiable access point at the local level for frail and vulnerable older persons. Elder abuse and neglect victims certainly should be categorized as vulnerable. In addition, the majority of the older persons served through the demonstration projects were frail (defined as having chronic health problems and/or receiving 28 or more points on the CCP Determination of Need instrument) and in need of in-home services. CCUs also employ the level of professional staff necessary to intervene in elder abuse reports, with additional training, and have the authority to obtain many of the services needed by this client group without the delays which may be inevitable with other agencies serving in the capacity of provider agencies. However, there will be flexibility for the regional administrative agency to select another organization, including themselves, to act as the provider agency; if, in the RAA's estimation, a local CCU does not have the capacity to enhance their responsibilities to include elder abuse and neglect **and** another agency exists within the PSA with such capacity.

VI. COST OF PROVIDING SERVICES TO ELDER ABUSE VICTIMS

The State of Illinois must be prepared to provide the necessary resources to develop a service system for handling cases of elder abuse and neglect. Cost information collected by the demonstration project sites and analyzed by the Department provide the basis for estimating the cost of implementing a statewide program in FY 1989. The budget estimates for the Elder Abuse and Neglect Intervention Program, totally approximately $3 million, take into consideration the following:

1) Implementing the program on a statewide basis beginning September 1, 1988 (estimated to be 2,244 reported cases) in accordance with the responsibilities and services outlined inthis paper.

2) Providing start-up funding for the Regional Administrative Agencies and designated provider agencies so that staff can be hired and receive training prior to September 1, 1988.

3) Reimbursing designated provider agencies for their assessment, case work and follow-up responsibilities.

4) Providing payments for funds expended on supplemental services. These services will provide the flexibility at the local level to meet individual client needs. Unlike the the other elder abuse budget items, it is extremely difficult to estimate the cost of supplemental services for FY 1989. The initial budget estimate will be based on 20% of the reported cases in need of $250 in supplemental services, 10% in need of $500, and 10% in need of $1,000 which will require a waiver from the RAA.

5) Preparing materials for public education and awareness, continuing research efforts, developing a system to assure quality in service delivery, providing on-going training opportunities, and establishing two demonstration projects for the purpose of analysing a consultation team approach in determining the care plan for victims of abuse. The consulatation team approach allows representives from the legal, mental health, and medical fields to act as a support system for the case manager by allowing for case conferencing to occur on the most difficult cases.

6) Including funds for the Department on Aging and Regional Administrative Agency administrative responsibilities, i.e. staff and related costs. It is believed that both the initial and on-going effort placed by the Department and RAAs on developing and administering the program will have a critical impact on the success, in terms of cost containment and quality services, or failure of the program.

VII. SUMMARY

The State of Illinois has been unique in its approach to statewide elder abuse programming. The Elder Abuse Demonstration Program Act, signed into law in August, 1984, differed greatly from laws being enacted in other states in that the legislature itself saw the need to investigate the issues of providing services to abused elderly before passing statewide legislation. The Act was established in order to determine the most appropriate response to assisting older persons in this state who are abused and neglected.

The Department on Aging administered demonstration projects in accordance with the Elder Abuse Demonstration Program Act through June 30, 1987. Over 640 reports of abuse and neglect were received by the four demonstration sites during the three year project period. The findings of the demonstration program have been both surprising and dismaying. 78% of all cases reported were substantiated, meaning some type of abuse had, in fact, occurred. The abused older person was typically female, 77 years old, and widowed. About two-thirds of the older persons had a chronic health condition, and one-fourth of the clients seen were reported as being disoriented. Many suffered some form of functional impairment. While ten (10) percent of these older persons lived alone; the majority - 90% - of these clients lived in their own homes with others or in the home of a relative.

When the Elder Abuse Demonstration Program ended last June, the Department on Aging had the necessary data and experience to expand the program statewide. Elder Abuse legislation establishing a statewide program in Illinois was introduced in the General Assembly, and Senate Bill 1226 passed unanimously. Building on the existing legal and service system to mke it more responsive to the needs of elder abuse and neglect victims was the primary aspect of the proposed program which set it apart from programs operating in other states. Unfortunately, the $1.2 million required to

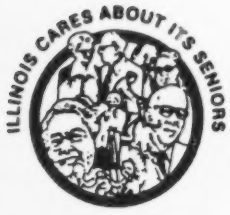
implement the program during Fiscal Year 1988 was not appropriated by the legislature. As a result, Governor Thompson vetoed the Elder Abuse and Neglect Act, saying that the legislature could not mandate a program without the available revenues needed to carry out the responsibilities and services outlined in the Act.

Passage of the legislation would have provided for **voluntary reporting** of suspected cases of abuse and neglect serving older persons **aged 60 years and older.** The Area Agencies on Aging in Illinois would be responsible for designating local provider agencies to provide an **assessment** on all reported cases and **case work** and **follow-up** on substantiated cases of abuse and neglect. The legislation would also have allowed the funding of **supplemental services** for short term and/or emergency services where resources are not available for the victim. Supplemental services would include: legal assistance; housing and relocation assistance; respite care; and emergency aid (i.e. food, clothing, medical care). **Public education** efforts would have focused on those professional groups (i.e. legal, medical, law enforcement, and social service workers) most likely to come into contact with abuse and neglect victims and on prevention efforts.

The Illinois Department on Aging, the sponsors and supporters of S.B. 1226, the Area Agencies, and a large number of agencies and organizations throughout the state are concerned that Illinois is one of only a handful of states that have not enacted legislation addressing the problem of elder abuse and neglect. developed approach to assisting this vulnerable group of older persons. During the next legislative session, they are committed to pursuing the establishment of the Elder Abuse and Neglect Intervention Program, as well as the necessary funding to implement the program.

In the meantime, the Department will continue to coordinate with the Area Agencies on Aging and their providers in responding to reported cases on an ad hoc basis; the Department will pilot test the elder abuse assessment instrument and training with nine provider agencies throughout the State, made possible with a grant from the Administration on Aging; and the Department will continue its advocacy efforts in cooperation with other organizations on behalf of abuse and neglect victims. In addition, federal Title III funds may become available under a proposed provision of the Older Americans Act reauthorization. The provision would add a new Part F under Title III authorizing the establishment of a prevention program for elder abuse, neglect, and exploitation. The prevention program would include public education and outreach efforts. Although the amount of federal funds would be relatively meager if appropriated, the provision indicates a commitment by the federal government to enhance state intervention efforts by providing funds for elder abuse prevention.

Information on the Elder Abuse Demonstration Program and/or the proposed statewide program can be obtained by contacting Carolyn Stahl or Sally Petrone at the Department on Aging's Springfield office, 421 E. Capitol Avenue, Springfield, Illinois, 62701.



The Illinois Department on Aging

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